

Name
in
Full

Nettie Frances Louise Anderson

CERTIFICATE OF DEATH

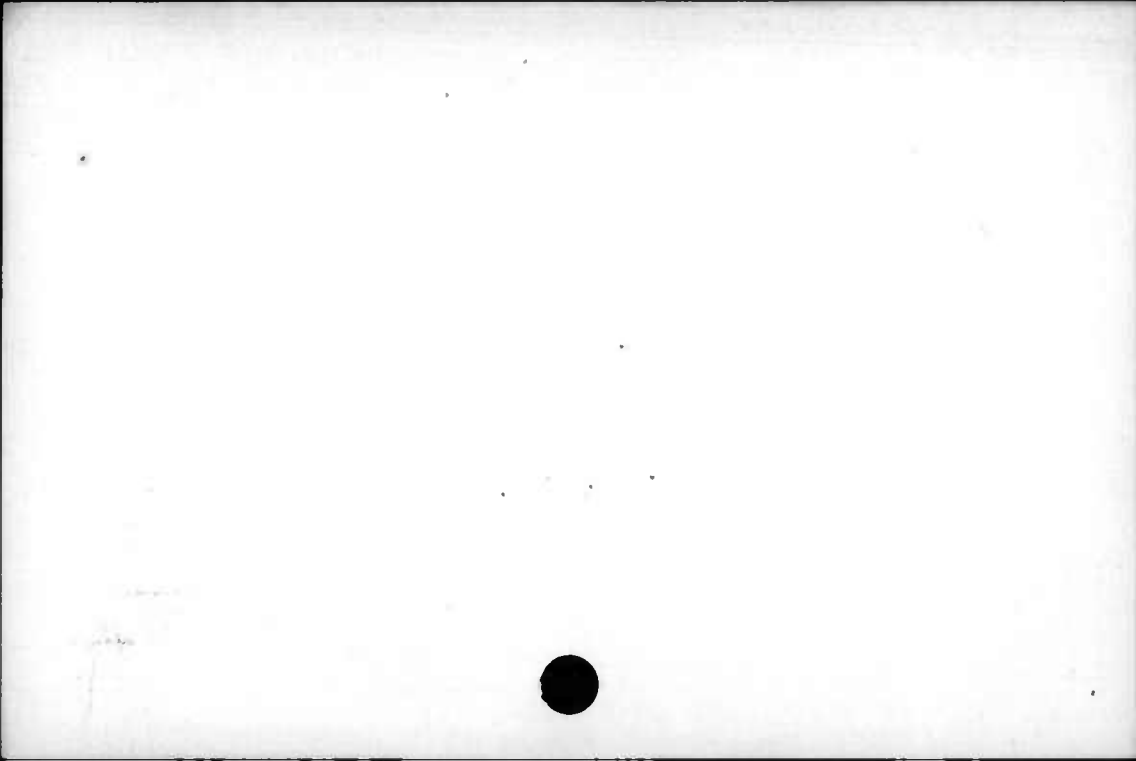
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death 190	3	Month <i>July</i>	22	Day	Age	6	Years
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Chestertown</i>		Months <i>11</i>	Days
Married, Single or Widowed <i>Single</i>				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>John W Anderson</i>				Father's Birthplace <i>Kent Co.</i>			
Mother's Maiden Name <i>Bermina Anderson</i>				Mother's Birthplace <i>Queen Anne Co.</i>			
Name of person giving Information <i>Bermina Anderson</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever and Pertussis</i>	How long	<i>3 weeks</i>
Immediate	<i>Asthenia</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. G. Simpers</i>	
		Address <i>Chestertown, Kent Co.</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Millington</i>		Town <i>Millington</i>		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>26</i>	Age <i>15</i>	Years <i>15</i>	Months <i>11</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>near Galena</i>			
Married, Single or Widowed		Occupation					
Name of Wife or Husband <i>Miss [illegible]</i>							
Father's Name <i>Nicolas Antone</i>				Father's Birthplace <i>Europe</i>			
Mother's Maiden Name <i>Kate Antone</i>				Mother's Birthplace <i>Europe</i>			
Name of person giving information <i>John Cosner</i>				How related to deceased <i>172</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Accidental Drowning</i>	How long <i>on July the 26th 1903</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. C. Lanning J. P.</i>
	Address <i>Millington Kent County Maryland</i>
Accident or Suicide ?	

Wm. J. Hicks gallery
Ketchikan

Name
in
Full

Johnny Antonio

CERTIFICATE OF DEATH

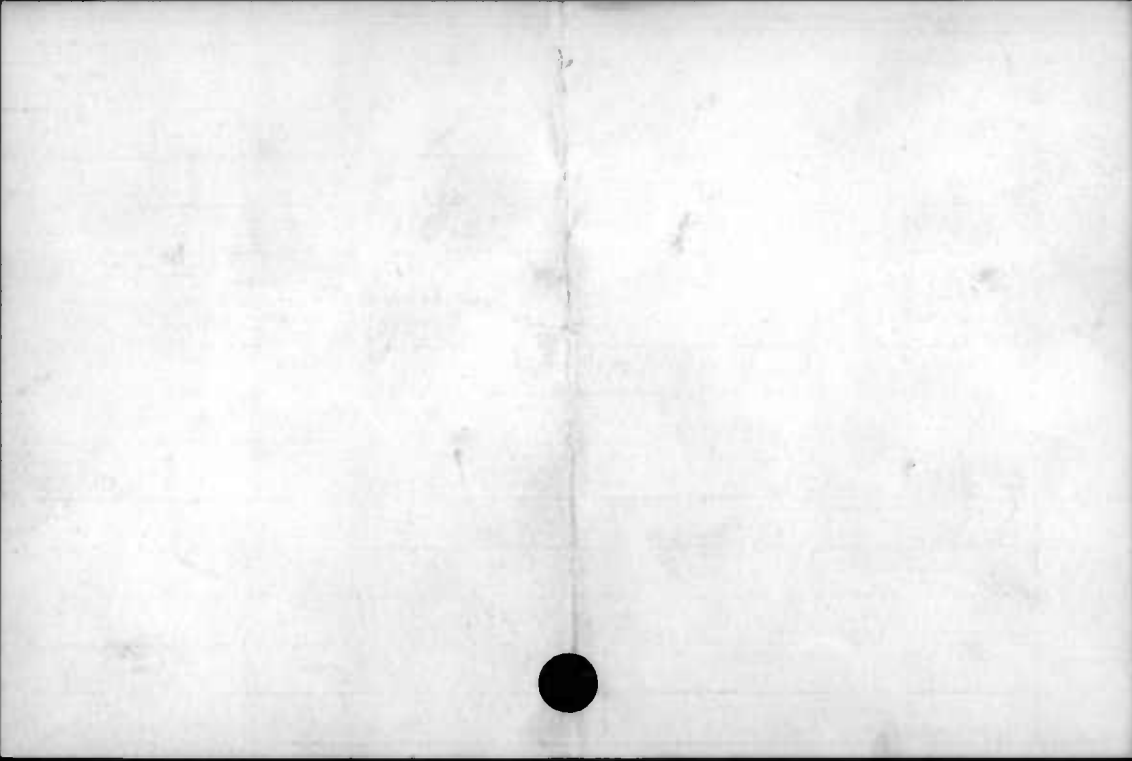
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Millington</i> Town		<i>Kent</i> County		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>July</i>	Day	<i>26</i>
Age	<i>15</i>	Years	<i>11</i>	Months	<i>12</i>
Sex		Color or Race	<i>White</i>	Birth place	<i>near Galena</i>
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			<i>Nicolas Antonio</i>		
Father's Birthplace			<i>Europe</i>		
Mother's Maiden Name			<i>Kate Antonio</i>		
Mother's Birthplace			<i>Europe</i>		
Name of person giving information			<i>Johny Conner</i>		
How related to deceased			<i>no relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Accidental Drowning</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	<i>Thos. C. Townsend M.D.</i>
	Address
	<i>Millington Kent County Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

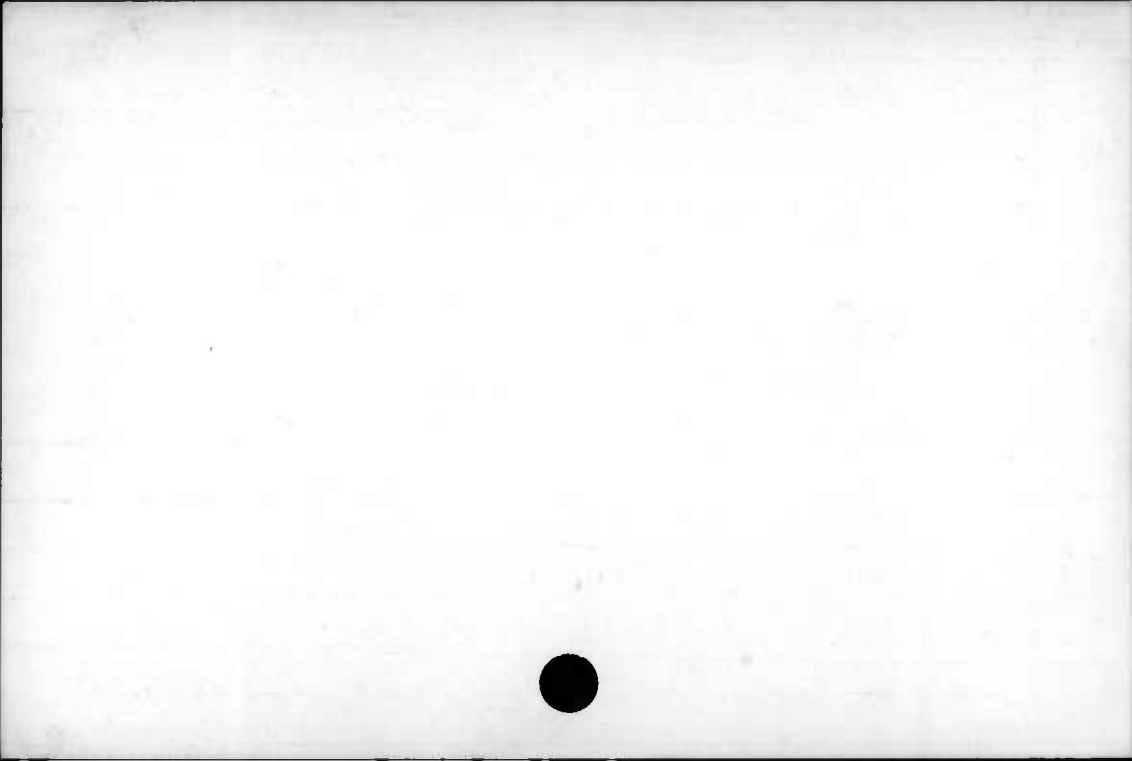
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Odenville</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i>	Month <i>July</i>	Day <i>24</i> th	Years <i>70</i>	Months <i>7</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Julia R. Beck</i>					
Father's Name <i>Michael Beck</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>" "</i>		
Name of person living in formation <i>his Family</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright Disease 1900</i>	How long	<i>4 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. W. Brall M.D.</i>	
		Address <i>Rock Hall</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret Berger*
Died at *Rock Hall* County *Kent* MARYLAND
Date of death 1903 *July* *17* Age *43* Years *4* Months *29* Days
Sex *Female* Color or Race *White* Birth-place *PA*
Married, Single or Widowed *Married* Occupation *Housewife*
Name of Wife or Husband *Joseph. R. Ryan*
Father's Name *Jacob. Berger* Father's Birthplace *do not know*
Mother's Maiden Name *Mary. Ellis* Mother's Birthplace *do not know*
Name of person giving information *Joseph R. Ryan Jr.* How related to deceased *Son.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Change of Life* How long *Two months*
Immediate *Exhaustion* How long *One day*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. O. Selby M.D.*
Address *Rock Hall, Md.*
Accident or Suicide?



Name in Full		Elizabeth J. Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 1903		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth- place		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving in formation				How related to deceased		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Paralysis		How long		1 year,
		Immediate		Paralysis		How long		3 months
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. Benge Simmons
				Address		Chestertown md		
		Accident or Suicide?		No				



Name
in
Full

Madeline Burton

CERTIFICATE OF DEATH

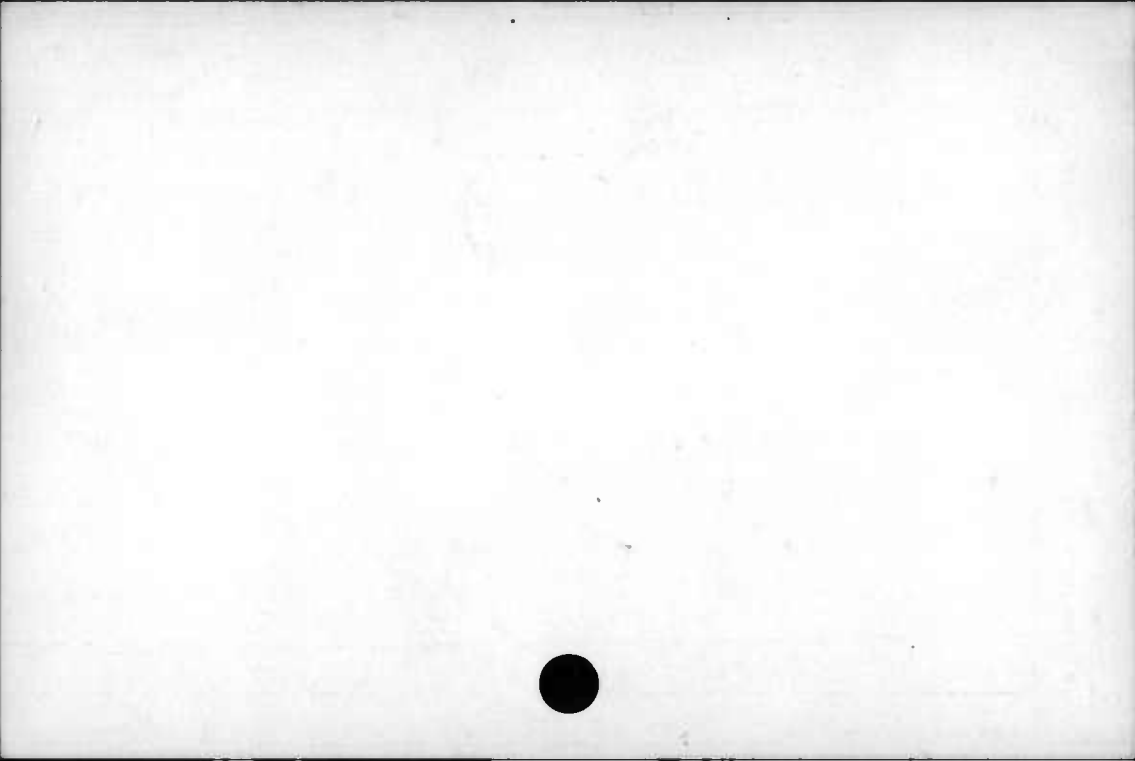
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Lynches</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>5</i>	
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Hessie Burton</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>William Smith</i>				How related to deceased <i>Uncle.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Eutro. Colitis</i>	How long <i>one week</i>
Immediate <i>Exhaustion</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Edwin Bannick</i>
	Address <i>Kennedysville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

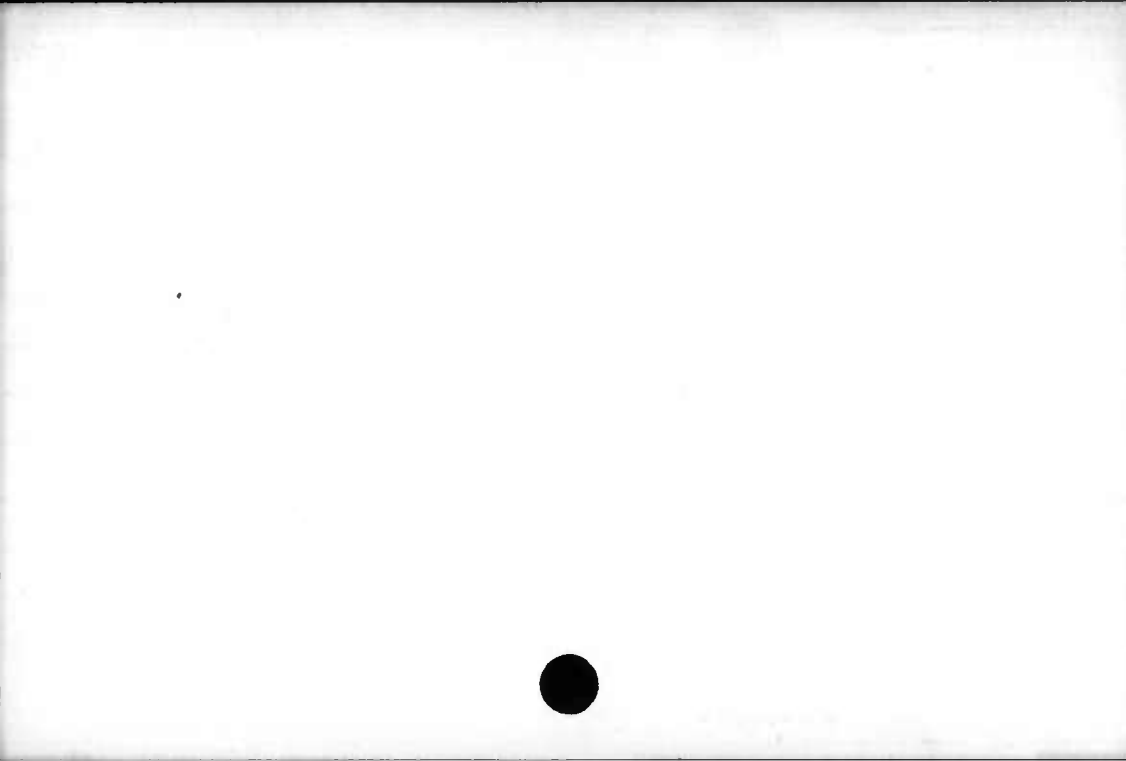
Died at <i>Golds</i> ^{Town}		<i>Pent</i> ^{County}			
Date of death <i>1903</i>	Month <i>July</i>	Day <i>4</i>	Age <i>76</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Labore</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>James Campbell</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Catherine Mooney</i>	Mother's Birthplace <i>—</i>				
Name of person giving Information <i>—</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>—</i>
Immediate <i>Heart prostration</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Jeter, M.D.</i>
	Address <i>Sassafras, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

J. Bernard Carter

Town

County

Died at

Worton

Kent

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 28

Age

7 23

Kent Co Md none

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

John W. Carter

Mother's

Name

Sarah A. Dwyer

Cause of

Primary

Death

Immediate

Cholera Infantum

How long sick

105

Two weeks

Accident, Suicide, Homicide

Reported by

John H. Hesser M.D.

Address

Humesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name
in
Full

Marie Commadore

CERTIFICATE OF DEATH

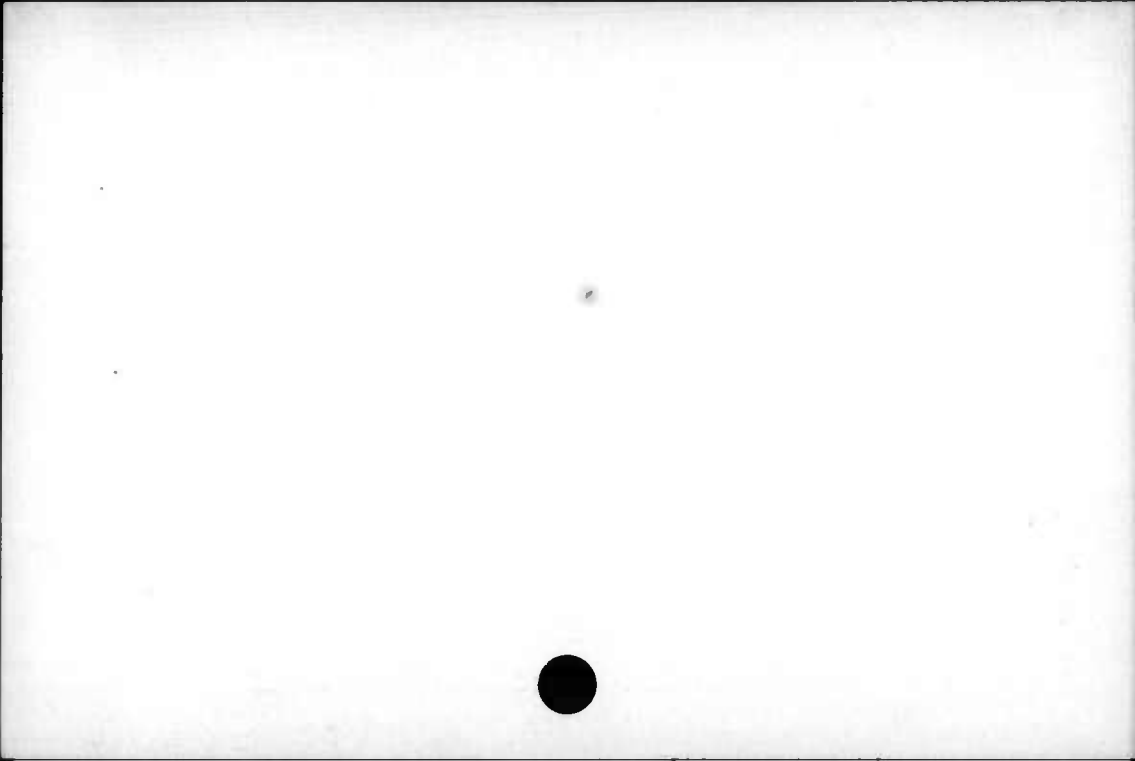
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>July</i> ^{Month}	<i>2nd</i> ^{Day}	Age <i>—</i> ^{Years}	<i>6</i> ^{Months}	<i>2</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Chestertown</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wesley Jones</i>			Father's Birthplace <i>Chestertown</i>		
Mother's Maiden Name <i>Ellen Commadore</i>			Mother's Birthplace <i>Calvert Co.</i>		
Name of person giving information <i>Ellen Commadore</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate <i>Convulsions</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Dimpers</i>
	Address <i>Chestertown</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Wm Maxwell Crowding		Town Worton		County Kent		State MARYLAND	
Died at Worton		Month July		Day 11		Years 11	
Date of death 190 3		Month July		Day 11		Years 11	
Sex Male		Color or Race White		Birth-place Ind		Days 10	
Married, Single or Widowed Single				Occupation Ind			
Name of Wife or Husband Charles Crowding							
Father's Name Charles Crowding				Father's Birthplace Ind			
Mother's Maiden Name Agnes Cooper				Mother's Birthplace Ind			
Name of person giving information Miss Ashley				How related to deceased Aunt			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysentery		How long one week	
Immediate 14		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm. S. Maxwell	
		Address Still Pond. Md.	
Accident or Suicide?			

Still fond

Name
in
Full

Samuel C. Dudley DUDLEY

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Millington		County Kent		MARYLAND	
Date of death 1903		Month July		Day 19		Age 5 months	
Sex Male		Color or Race White		Birth- place Millington		Occupation	
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name Bradford Dudley		Father's Birthplace Md					
Mother's Maiden Name Ann E. Cummings		Mother's Birthplace Md					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Meningitis		How long 48 hours	
Immediate 61		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. Cummings	
		Address Millington	
Accident or Suicide?			



Name
in
Full

Ella Jane Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i>		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903		Month <i>July</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>30</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Chestertown</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>					
Name of Wife or Husband <i>()</i>							
Father's Name <i>Asbury Fletcher</i>				Father's Birthplace <i>()</i>			
Mother's Maiden Name <i>Annie Griffin</i>				Mother's Birthplace <i>()</i>			
Name of person giving information <i>Martha J. Griffin</i>				How related to deceased <i>Grand Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Shams</i>		<i>71</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		How long <i>one Day</i>	
Witness <i>Willard Melvin</i>		Signature of Physician <i>Mary Jane Griffin</i>	
Accident or Suicide? <i>no</i>		Address <i>W. Mark Chestertown Md</i>	



Name
in
Full

Maggie Haberlander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chesterstown</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death 190	^{Month} <i>3 July</i>	^{Day} <i>26</i>	Age	^{Years} <i>49</i>	^{Months} <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Married, Single or Widowed	<i>Married</i>		Occupation	<i>Housewife</i>	
Name of Wife or Husband	<i>George Haberlander</i>				
Father's Name	<i>Peter McKean</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Mary Logue</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving information	<i>George Haberlander</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Natural Regurgitation</i>	How long	<i>79 9 months</i>
Immediate	<i>Syncope</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. G. Summers</i>
		Address	<i>Chesterstown, Kent</i>
Accident or Suicide?	<i>No</i>		



Name in Full

Certificate of Death

Eva. Hardy HARRY

Died at New Galena Kent County MARYLAND
 Date 1903 July 21 Month Day Y. M. D
 Age 11 Native of Kent Co Occupation
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widower ☐ Divorced ☐ Number of children living

Husband of
 Wife

Father's Name Charles Hardy Mother's Name Lena Wilmes

Cause of Death { Primary Marasmus How long sick 1 month
 Immediate Accident, Suicide, Homicide

Reported by Edward A. Scott, M.D.
 Address Galena, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868



Name in Full		Velma May Haughton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Chestertown		County Kent		MARYLAND
	Date of death 1903	Month July	Day 20	Age	Years	Months 11	Days 17
	Sex	Female		Color or Race	Colored		Birth-place Chestertown
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name			Jonas Haughton		Father's Birthplace North Carolina	
Mother's Maiden Name			Mary L. Colton		Mother's Birthplace Chestertown		
Name of person giving information			Jonas Haughton		How related to deceased		Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Whooping cough, acute ileo colitis				3 weeks		
	Immediate				How long		
	Convulsions				One hour		
Are the name, age, sex, color, date and place correctly given above?				Yes			
				Signature of Physician			
				Address			
				Chestertown, Md.			
Accident or Suicide?				No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

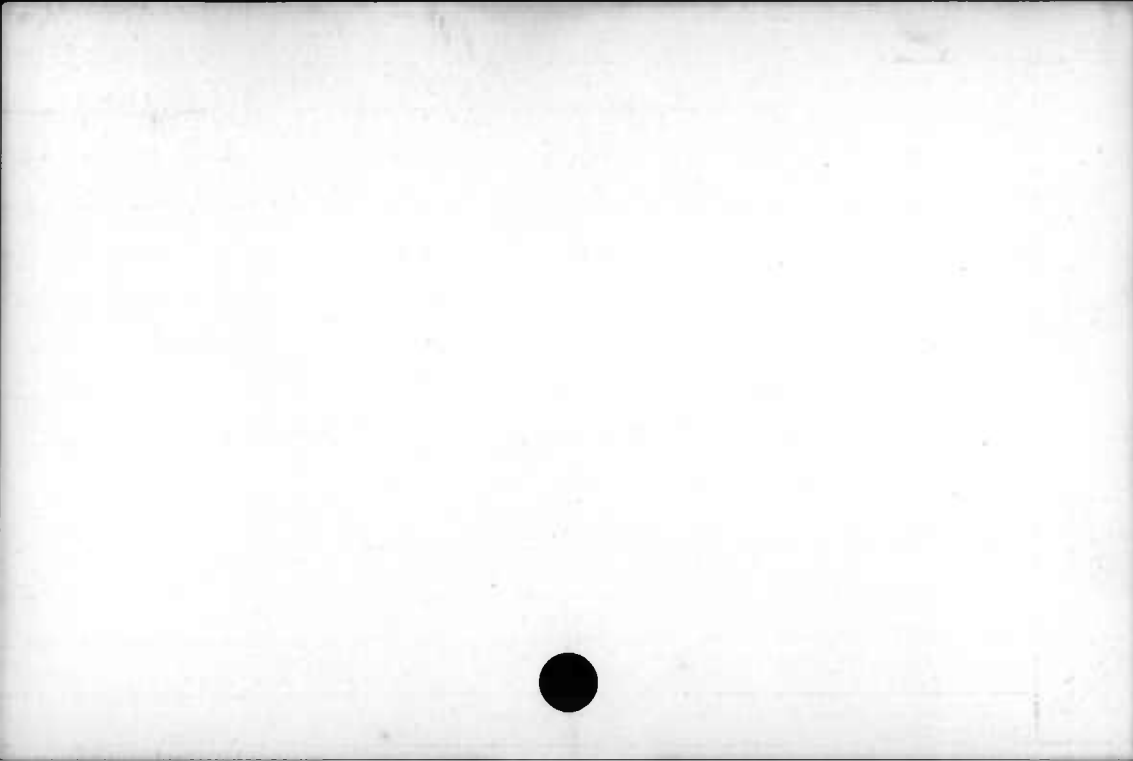
Charles Fessler

Died at <i>Kennedyville</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>July</i> ^{Day} <i>17</i>	Age <i>65</i> ^{Years}	<i>5</i> ^{Months}	<i>17</i> ^{Days}		
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>Butcher</i>				
Name of Wife or Husband <i>Augusta Hamilton</i>					
Father's Name <i>Otto Fessler</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catherine Wisner</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mrs. Augusta Fessler</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcoholism & Gastritis. 56.</i>	How long <i>one year</i>
Immediate <i>Hæmorrhage from stomach & bowels</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Irvin Barwick M.D.</i>
	Address <i>Kennedyville</i>
Accident or Suicide?	<i>Ind.</i>



Name in Full

Certificate of Death

Mary Ann Henry

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 13

Age

Maryland Housewife

~~Male~~~~Female~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Chronic Nephritis

How long sick

2 yrs

Death

Immediate

exhaustion Mening.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full		Theris Jackson				Vlysses Jackson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Near Lynch</u> <small>Town</small>				<u>Hunt</u> <small>County</small>				MARYLAND			
		Date of death 1903		Month <u>July</u>		Day <u>22</u>		Age <u>1</u> <small>Years</small>		Months <u>6</u>		Days <u> </u>	
		Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Ind</u>							
		Married, Single or Widowed <u> </u>						Occupation <u> </u>					
		Name of Wife or Husband <u> </u>											
PHYSICIAN OR CORONER		Father's Name <u>Geo W. Jackson</u>						Father's Birthplace <u>Va</u>					
		Mother's Maiden Name <u>Solisia Simmons</u>						Mother's Birthplace <u>Ind</u>					
		Name of person giving information <u>S. H. Jackson</u>						How related to deceased <u>Father</u>					
CAUSES OF DEATH													
		Primary <u>Cholera Infantum</u> <u>105</u>						How long <u>1 week</u>					
		Immediate <u>"</u> <u>"</u>						How long <u>1 week</u>					
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>						Signature of Physician <u>H. Bruce Simmons</u>					
								Address <u>Chestertown</u> <u>Ind</u>					
		Accident or Suicide? <u>no</u>											

Fountaine

Church

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Still Pond</i>		County <i>Kent</i>		MARYLAND
	Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>4</i>	Age <i>76</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>	
	Married, Single or Widowed <i>married</i>		Occupation <i>carpenter</i>		
	Name of Wife or Husband <i>Martha A. Price</i>				
	Father's Name <i>Daniel Jones</i>			Father's Birthplace <i>md</i>	
	Mother's Maiden Name <i>Catherine Tilden</i>			Mother's Birthplace <i>md</i>	
	Name of person giving information <i>Martha Jones</i>			How related to deceased <i>wife</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Paralysis</i>		How long <i>66</i> <i>3 days</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. B. Mercer</i>		
			Address <i>Still Pond md.</i>		
Accident or Suicide?					

Shrew's bury

Name
in
Full

Still Born - PERRY

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent.</i>		MARYLAND	
Date of death 190 <i>8.</i>		Month <i>July.</i>	Day <i>27.</i>	Age Years		Months	Days
Sex <i>male.</i>	Color or Race <i>White.</i>			Birth- place <i>Chestertown Md.</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Wm. L. Perry</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Ann Lebow</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving In formation <i>Wm. L. Perry</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. St. Walcott M.D.</i>
	Address <i>Chestertown Maryland</i>
Accident or Suicide?	





Name in Full

Certificate of Death

Nancy Reed

Town

County

Died at

Hanesville

Kent

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

July 31

Age

73

Kent Co Md

Surrent

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widow~~~~Number of children living~~~~Spouse~~

of

Don't Know

Wife

Father's

Mother's

Name

Don't Know

Name

Don't Know

Cause of

Primary

154

How long sick

14 months

Death

Immediate

General debility

~~Accident, Suicide, Homicide~~

Reported by

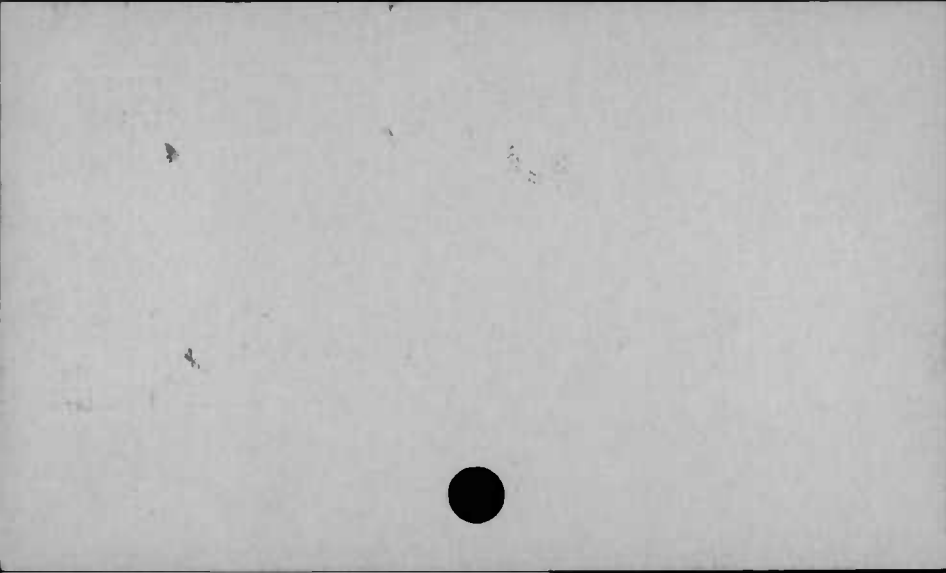
John H. Hessey MD

Address

Hanesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

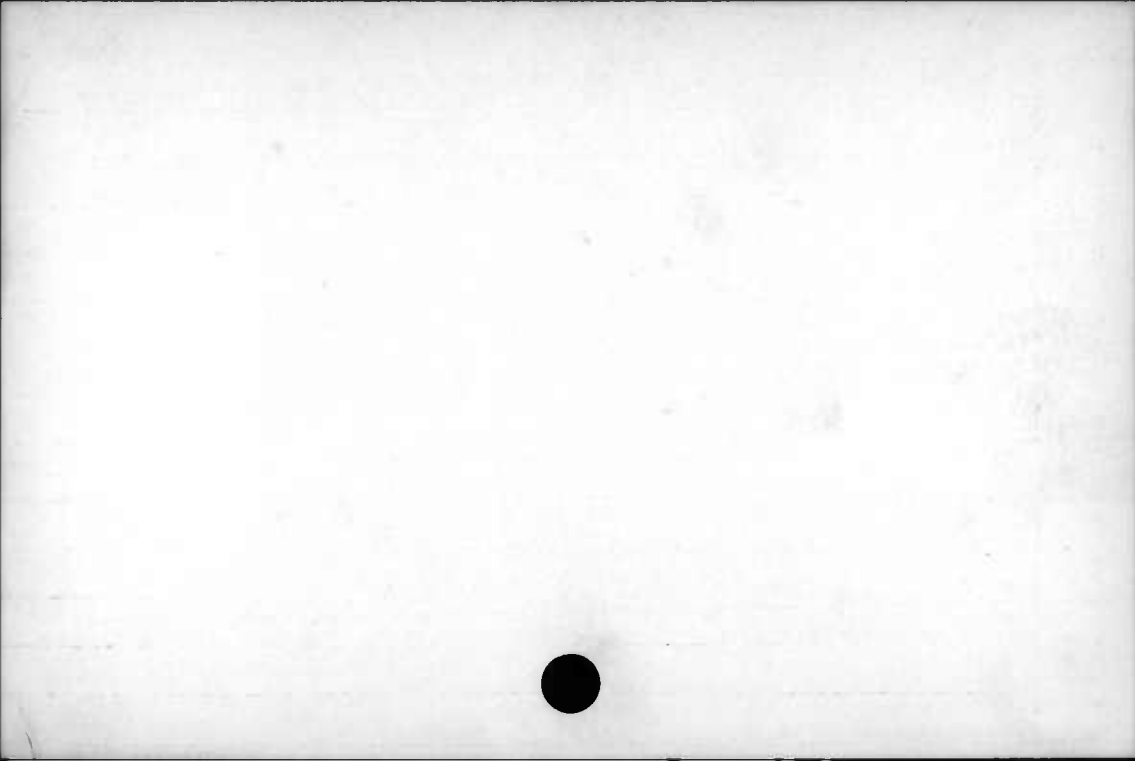
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190		3	July	5-	23	4	
Sex	Female		Color or Race	Black		Birth-place	Kent Co.
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Henry Smith				Kent Co.			
Mother's Maiden Name				Mother's Birthplace			
Hilda Butler				Kent Co.			
Name of person giving information				How related to deceased			
Henry Smith				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cataract	How long	2 weeks
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. O. Selby M.D.	
Address		Rock Hill, Md.	
Accident or Suicide?			



Name
in
Full

W. Lina Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

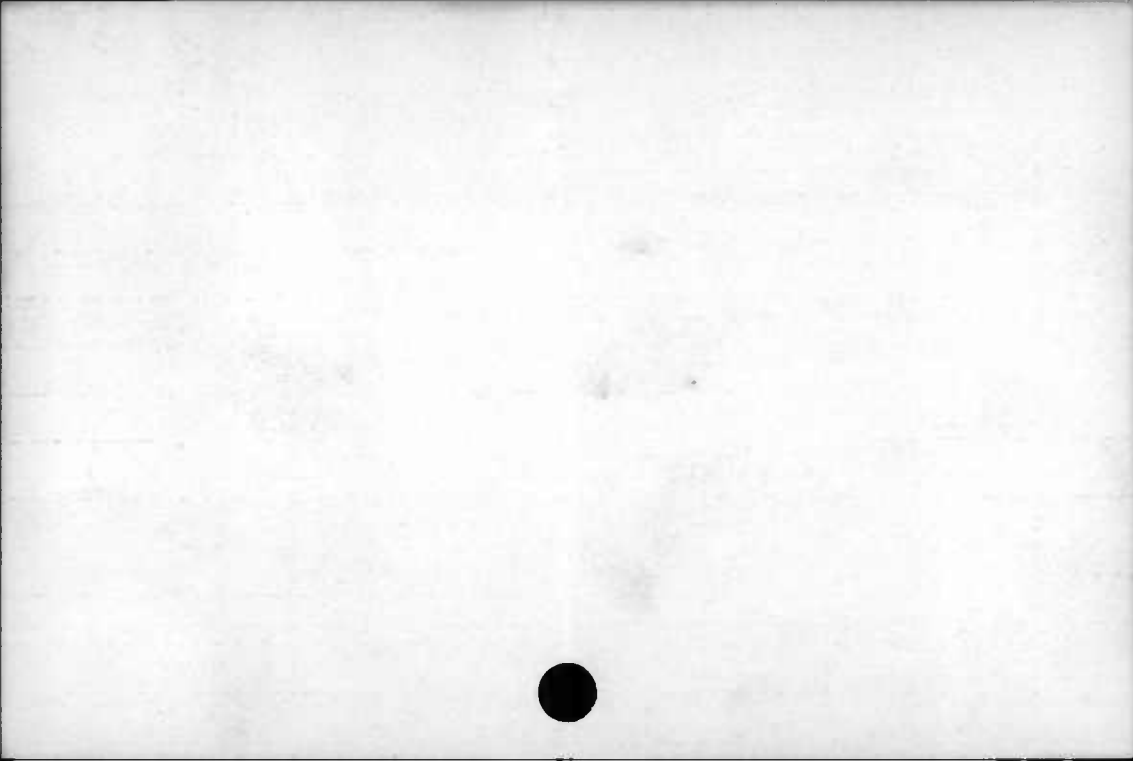
MARYLAND

Died at <i>Murphy</i>		Town <i>County</i>		<i>Kent</i>	
Date of death 190	<i>3</i>	Month	<i>7</i>	Day	<i>8</i>
Age		Years		<i>64</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Married, Single or Widowed		<i>Widow</i>			
Name of Wife or Husband		Occupation			
Father's Name		<i>179</i>		Father's Birthplace	
Mother's Maiden Name		<i>179</i>		Mother's Birthplace	
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>		How long	<i>5 months</i>
Immediate	<i>11</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>H. D. Davis</i>	
			Address <i>Murphy, W. Va.</i>	
Accident or Suicide?				



Name in Full

Certificate of Death

Hester Thomas

Town

County

Died at

Near Millington

Kent Co

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 11

Age

30

md

House w/w

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband

of

Robt Thomas

Wife

Father's

Name

Eli Smith

Mother's

Name

Arrie Smith

Cause of

Primary

Inflammatory Kidneys

How long sick

4 or 5 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

E G Colark

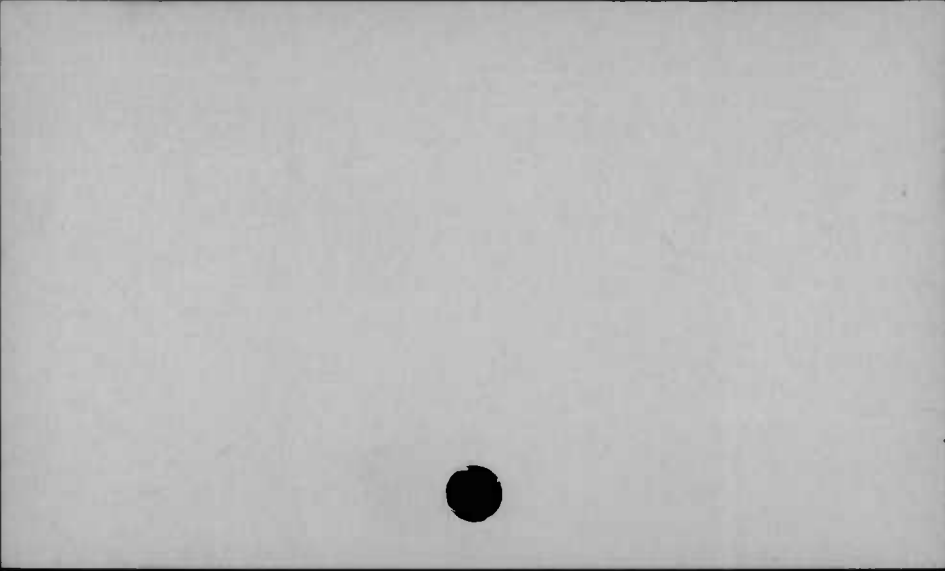
Address

Millington

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968



Name
in
Full

Elizabeth Betterton Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Betterton		County Kent		MARYLAND	
Date of death 1903	Month July	Day 7	Age 77	Years	Months —	Days —	
Sex Female.	Color or Race white		Birth- place Md				
Married, Single or Widowed Widower			Occupation				
Name of Wife or Husband							
Father's Name Gardner Betterton				Father's Birthplace Md			
Mother's Maiden Name Rachel Kinsey				Mother's Birthplace U.S.			
Name of person giving In formation R. T. Turner				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis.	66	How long	10 months.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician Wm. S. Maxwell,	
			Address Still Pond, Md.	
Accident or Suicide?				

Synthes

Name
in
Full

Wm Roosevelt Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> ^{Town}			County <i>Kent</i>			MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Id</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>				
Name of Wife or Husband							
Father's Name <i>John Williams</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>John Williams</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>105</i>	How long
Immediate <i>Cholera Infantum</i>		How long <i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Williams, M.D.</i>	
<i>yes</i>	Address <i>W. Melvin Chestertown</i>	
Accident or Suicide?		

